

## Family of Children Survey 2008

In order to provide the best mental health services to you and your child, we would like to know what you think about the services you are receiving. Your answers are confidential and will be used to improve services. For each survey item below, please check the box that corresponds to your answer. Please check the NA (Not Applicable) box if the question is about something you have not experienced.

	The questions below refer to: (center name)						
Today's Date:							
1.	Your child's age (in years):						
2.	Your child's gender: ☐ Male ☐ Female						
3.	Your child's race/ethnicity? Check all that apply.						
	☐ White/ Caucasian ☐ African American/ Black ☐ Latino ☐ Asian/ South/ Pacific Islander					an Nativ	
4. ]	Is your child currently living with you?	No					
5. 1	How long has your child received mental health services from	om this c	enter?_	ye	ars	_ month	S
	6. How did you become involved in receiving services from this center? (Check the primary reason only):  □ Our family decided □ We were encouraged by others □ We were required to come						
	□ We were encouraged by of	11015		WCIC IC	quirca n	Conic	
				were re-	quirea t	o come	
	a direct result of services received in the past 6 months		Disagree	Neutral	Agree	Strongly Agree	NA A
		S:		_			NA
As	a direct result of services received in the past 6 months	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
<b>As</b> 7	a direct result of services received in the past 6 months  My child is better at handling daily life.	Strongly Disagree	☐ Disagree	□ Neutral	□ Agree	Strongly Agree	
7 8.	My child is better at handling daily life.  My child gets along better with family members.  My child gets along better with friends and other	Strongly Disagree	□ □ Disagree	□ □ Neutral	□ □ Agree	□ □ Strongly Agree	
7 8. 9.	My child is better at handling daily life.  My child gets along better with family members.  My child gets along better with friends and other people.	Strongly Disagree	□ □ Disagree	□ □ □ Neutral	□ □ □ Agree	□ □ Strongly Agree	
7 8. 9.	My child is better at handling daily life.  My child gets along better with family members.  My child gets along better with friends and other people.  My child is doing better in school and/or work.	Strongly ::	□ □ □ Disagree	□ □ □ Neutral	□ □ □ Agree	□ □ □ Strongly Agree	

mental health provider: Strongly Disagree Strongly Agree Disagree Neutral Agree NA 14. I know people who will listen and understand me when I need to talk. 15. I have people with whom I can do enjoyable things. I have people that I am comfortable talking with about 16. my child's problems. In a crisis, I have the support I need from family or 17. friends. Please provide feedback about the services you and your child received: I helped to choose my child's services. 18. 19. I helped to choose my child's treatment goals. 20. The people helping my child stuck with us no matter what. I felt my child had someone to talk to when he/she was 21. troubled. 22. I was frequently involved in my child's treatment. The services my child and/or family received were right 23. for us. The location of services was convenient for us. 24. 25. Services were available at times that were convenient for us. My family got the help we wanted for my child. 26. My family got as much help as we needed for my child. 27. Staff treated me with respect. 28. 29. Staff respected my family's religious/spiritual beliefs. Staff spoke with me in a way that I understood. 30. Staff were sensitive to my cultural/ethnic background. 31. 32. Overall, I am satisfied with the services my child received. 

Please answer the following questions, thinking about your relationships with persons other than your

33.	What has been the most helpful thing about the services you and your child received over the last months?					
34	. What would improve services here?					

If you are interested in participating in community focus group meetings regarding this survey and how it is used to improve services, please contact UPLIFT at 307-778-8686 or Toll-free at 888-875-4383. This information is also available on the Mental Health & Substance Abuse Services Website at <a href="http://health.wyo.gov/mhsa/index.html">http://health.wyo.gov/mhsa/index.html</a>.

## Thank You!

Please place your completed survey in the provided envelope, seal the envelope, and return it to the designated person.